

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES**



PROCEDURE	
Subject: Provider Performance Review Procedures	Procedure No.: 2012-DDS-QMD- PR003
Responsible Program or Office: Developmental Disabilities Administration	Effective Date: January 14, 2013
	Number of Pages: 4
Cross References, Related Policies and Procedures, and Related Documents: Provider Performance Review Policy, Imposition of Sanctions Policy, Enhanced Monitoring Procedure, Watch List Procedure, Imposition of Adaptive Equipment Sanctions Procedure, Sample Continuous Improvement Plan, and Human Care Agreement,	

1. PURPOSE

The purpose of this procedure is to delineate Department on Disability Services (“DDS”) and provider responsibilities, guidelines and standards for the DDS Provider Performance Review (“PPR”) process. The PPR fosters a high quality, sustainable service delivery system that engages in continuous quality improvement while providing person-centered supports that enable District residents with intellectual and developmental disabilities to lead safe, healthy, secure, satisfied, meaningful and productive lives.

2. APPLICABILITY

This procedure applies to the following: DDS/ Developmental Disabilities Administration (“DDA”), Provider Resource Management Unit (“PRMU”), Quality Management Division (“QMD”), Service Planning and Coordination Division (“SPCD”), Contracting and Procurement, Medicaid Waiver Unit, and providers/vendors that provide services and supports to people with intellectual and developmental disabilities who receive services as part of the DDA Service Delivery System, funded by DDA and/or the Department of Health Care Finance (“DHCF”).

3. SUMMARY OF THE PPR PROCESS

The Provider Performance Review (“PPR”) ensures that all provider performance data is synthesized from throughout DDS/DDA and presented in a coordinated and comprehensive manner on at least an annual basis. The PPR is managed by PRMU with

a published annual schedule of review for each residential and day/vocational provider. At the time of the review, PRMU coordinates the receipt of key performance measures data from the QMD and reviews the findings with the provider and representatives from the SPCD and QMD. A provider continuous improvement plan (“CIP”) will address performance measures falling below established benchmarks. The provider will also be supported to pursue quality improvement strategies in support of advancing best practice in the absence of performance deficits.

In an effort to continually address and improve organizational performance and maintain high quality of care/services, the PRMU representative evaluates the provider organization’s performance in key policy areas, and tracks the effectiveness of new, redesigned or improved processes employed by the provider agency on a quarterly basis. This is achieved through receipt and review of performance measures from the QMD and a review of the provider’s update on progress with the CIP. The PRMU manager would initiate further remedial actions based on these quarterly reviews as needed.

In summary, responsibilities of the PMRU in managing the PPR process include, but are not limited to:

- Coordinate the receipt of performance data and manage the review schedule for DDA.
- Develop and implement quality improvement activities with the provider based on results of the performance indicator analysis.
- Monitor the provider CIP progress on a quarterly basis.
- Conduct evaluations on individual provider performance for the DDS Office of Contracting and Procurement on an annual basis.

4. PROCEDURES

- A. QMD shall establish and share with the provider community and other stakeholders annual key performance indicators and related benchmarks. Provider performance requirements in each key area shall be adjusted annually so as to continually raise the bar to account for the expectation of continuous quality improvement.
- B. QMD will derive and synthesize data on provider performance from various monitoring activities, including but not limited to monitoring by SCPD, Quality Trust for Individuals with Disabilities, the *Evans* Court Monitor, and the Department of Health/ Health Regulation and Licensing Administration (“DOH/HRLA”), as well as data from issues identified and incidents reported.
- C. PRMU shall develop an annual PPR schedule for all of its assigned Day and/or Residential Providers, including providers of the following services and supports that operate within a 25 mile radius of the District of Columbia: Supported Living; Residential Habilitation; Host Home; Intermediate Care Facilities for Individuals with Intellectual and Developmental Disabilities (“ICFs/IDD”); Supported Employment; Employment Readiness; and Day Habilitation. That schedule shall be shared within

DDA to SPCD, QMD, and the Office of Contracting and Procurement (“OCP”), as well as with the provider community.

D. PRMU shall hold individual conferences (meetings) with each provider, at least annually, to conduct the PPR.

1. In advance of each of these conferences:

- a. PRMU will send a reminder to all participants of the upcoming provider meeting and any requests for information at least fifteen (15) business days prior to the meeting.
- b. PRMU shall distribute a Provider Profile Update form to the provider in at least fifteen (15) business days in advance of the conference. The provider must return the form no later than ten (10) business days prior to the scheduled meeting for their agency. PRMU will review the form upon receipt and follow-up with the provider, as needed for additional information.
- c. PRMU shall coordinate with QMD, SPCD, and OCP, when applicable, to gather evidence based information on the provider’s performance related to the key performance indicators identified for that year, to be included in each Division’s provider performance report.
 - i. As part of the preparation for the conference, PRMU shall hold a pre-conference meeting with the SPCD, QMD and OCP at least five (5) business days prior to the provider meeting.
 - ii. SPCD, QMD and OCP shall provide the requested provider performance reports to PRMU in advance of the pre-meeting.
 - iii. PRMU shall incorporate the performance reports into one PPR report.

2. At the provider conference:

- a. PRMU will facilitate the conference.
- b. The provider will have an opportunity to present on the agency’s strengths, goals, and challenges, including information from the provider’s own quality assurance and improvement system.
- c. PRMU, SPCD, QMD, and OCP, when applicable, will present on findings from their provider performance reports, including the provider’s strengths and areas that require improvement.
- d. PRMU shall review areas of strengths and opportunities for improvements with the provider and DDS representatives. At the conclusion of the meeting, any required improvement areas will have been identified for inclusion in the CIP.

3. After the provider conference (development of the Continuous Improvement Plan action steps and strategies):

- a. The provider will have ten (10) business days following the meeting to complete the drafting of the plan.

- b. PRMU shall support the provider in development of the plan, as needed, and is jointly responsible with the provider for ensuring that the CIP is measurable, achievable and reflects the desired outcomes summarized at the PPR meeting.
- c. PRMU shall coordinate with QMD, SPCD, and OCP, when applicable, to review, approve and distribute the final CIP to all PPR participants within ten (10) business days of receipt.

E. Monitoring the Outcomes of the Continuous Improvement Plan

- 1. Each provider must submit a written progress report to the PMRU on a quarterly basis. PRMU shall conduct quarterly monitoring of the implementation and effectiveness and progress of the CIP.
 - 2. PRMU will document the provider's progress towards achievement of the CIP and share that information with all PPR participants quarterly and at the provider's next annual PPR.
 - 3. Based upon the information learned through this quarterly monitoring, PRMU may work with the provider to modify the plan as needed.
- F. Providers may be sanctioned for not complying with the PPR process, failing to achieve benchmarks in PPR, as well as for not making sufficient progress towards achievement of the CIP.
- G. QMD shall publish an annual Report Card for each provider based, in part, upon the results of PPR. The Report Card shall be in a comparable and easy to understand format and shall be posted on the DDS web site.

ATTACHMENTS:

Sample Continuous Improvement Plan